DOCUMENT RESUME

ED 463 495 CG 031 661

TITLE	Assessment and Screening. A Center Quick Training Aid.
INSTITUTION	California Univ., Los Angeles. Center for Mental Health in Schools.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.; Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.
PUB DATE	2002-02-00
NOTE	41p.
CONTRACT	U93-MC-00175
AVAILABLE FROM	School Mental Health Project, Center for Mental Health in Schools, Box 951563, Los Angeles, CA 90095-1563. Tel: 310-825-3634; Fax: 310-206-8716; e-mail: smhp@ucla.edu. For full text: http://smhp.psych.ucla.edu.
PUB TYPE	Guides - Non-Classroom (055) -- Opinion Papers (120)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Educational Diagnosis; Elementary Secondary Education; *Identification; *Mental Health; *School Counseling; *Screening Tests; Student Evaluation; Student Problems; Training

ABSTRACT

Efficient and accurate screening and assessment strategies are essential for matching students with the programs and interventions to address their current needs and prevent problems from getting bigger. This process calls for screening tools that range from descriptions by referrers, through surveys to identify unrecognized problems, to analysis of records (such as attendance, grades, and test scores). This quick training aid presents a brief set of resources on assessment and screening to guide those providing an in-service training session. The packet contains a brief introduction to the topic with key talking points, fact sheets and practice notes, tools and handouts, and a directory of additional resources. (GCP)

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Mental Health in Schools Center
Training and Technical Assistance

A Center Quick Training Aid ....

Assessment and Screening

February, 2002

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This document is a hardcopy version of a resource that can be downloaded at no cost from the center's website http://smhp.psych.ucla.edu.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 Phone: (310) 825-3634.

Support comes in part from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health, with co-funding from the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

CG031661

UCLA

Mental Health in Schools Center

Training and Technical Assistance

The *Center for Mental Health in Schools* operates under the auspices of the School Mental Health Project at UCLA.* It is one of two *national centers* concerned with mental health in schools that are funded in part by the U.S. Department of Health and Human Services, Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration -- with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (Project #U93 MC 00175).

The UCLA Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted models and practices to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance collaboration between school and community programs. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services
SAMHSA
Substance Abuse & Mental Health Services Administration

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Quick Training Aids

Assessment and Screening

Periodically, windows of opportunities arise for providing inservice at schools about mental health and psychosocial concerns. When such opportunities appear, it may be helpful to access one or more of our Center's *Quick Training Aids*.

Each of these offers a brief set of resources to guide those providing an inservice session. (They also are a form of quick self-tutorial and group discussion.)

Most encompass

- key talking points for a short training session
- a brief overview of the topic
- facts sheets
- tools
- a sampling of other related information and resources

In compiling resource material, the Center tries to identify those that represent "best practice" standards. If you know of better material, please let us know so that we can make improvements.

This set of training aids was designed for free online access and interactive learning. It can be used online and/or downloaded at http://smhp.psych.ucla.edu – go to Quick Find and scroll down in the list of "Center Responses to Specific Requests" to *Assessment and Screening*. Besides this Quick Training Aid, you also will find a wealth of other resources on this topic.

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Guide for Suggested Talking Points

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1. Defines assessment as process of description and judgement.
2. Exhibit on Barriers to Learning, Parenting, and Teaching illustrates the range of areas to be assessed (not just a focus on the individual student).
3. Four functions expand thinking about the use of assessment.
4. Figure integrates these ideas into a graphic overview.

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1. This fact sheet sensitizes school staff to possible problems that may need further assessment.

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A. **Request for Assistance in Addressing Concerns about a Student/Family - A First Level Screening Tool** -- Excerpted from a Center Resources Aid packet: entitled: *Screening/Assessing Students: Indicators and Tools.* 15

1. This document can be used as a handout. It provides a form for requesting assistance.

B. **Prereferral Intervention as Assessment** - Excerpted from a Center Resource Aid packet entitled: *Screening/Assessing Students: Indicators and Tools.* 16

1. This is an overview and guideline for assessing through use of classroom intervention.

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1. An overview of the types of information that one might pursue in order to learn a bit more about a student's problem.

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1. This form should be used as a guide and provides an example of an initial counseling interview. It is intended to be used for all but very young students.

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To view the web-based quick find on ***Assessment & Screening***, click here.

V. Originals for Overheads

A. Assessment Processes and Purposes

B. The Prereferral Process as Assessment

C. Talking with Kids

D. About Interviewing

This material provided by:	UCLA Center for Mental Health in Schools/Los Angeles, CA 90095-1563 (310) 825-3634/ Fax: (310) 206-8716/ Email: smhp@ucla.edu

Note: Documents in PDF format (identified with a) require Adobe Reader 3.0 or higher to view. If you don't have this program, you can download it for free from Adobe (http://www.adobe.com).

ABCs OF ASSESSMENT

From:
Learning Problems and Learning Disabilities: Moving Forward (1993) by H. S. Adelman & L. Taylor

Schools committed to the success of all children must have an array of activities designed to address barriers to learning. No one is certain of the exact number of students who require assistance in dealing with such barriers. There is consensus, however, that significant barriers are encountered by a majority of students (see Exhibit).

Each day school staff are confronted with many students who are doing poorly in school as a result of health and psychosocial problems. Increasingly, education reform and restructuring are changing the whole fabric of schools and calling upon all personnel to expand their roles and functions.

As a result, school staff need to acquire new ways of thinking about how schools should assess these barriers in order to plan effective ways to address them.

Assessment Defined

Assessment is a broad-based concept. The term has been adopted to encompass narrower, medically related processes such as diagnosis, screening, and diagnostic testing.

In practice, the overall aim of assessment is to describe and make judgments as an aid to decision making. The judgments may represent a conclusion about the past (such as what caused a problem), a statement about the present (such as how severe a problem is), or a prediction about the future (such as how much the problem will improve as a result of intervention).

Formally defined, assessment is the process by which attributes of phenomena are *described* and *judged*. Descriptions take the form of data gathered by formal and informal measures, such as tests and observations of behavior or settings. Judgments take the form of interpretive conclusions about the meaning of data, such as whether a phenomenon is good or bad, above or below standard, pathological or not. Choices about what data to gather and exclude are guided by judgments and decisions to be made (diagnostic classification, placement, remediation).

Controversy surrounds prevailing approaches to assessment. Although some of the controversy is about the deficiencies and limitations of specific procedures, broader concerns and criticism have been directed at the way assessment is used to shape research and practice and related policy decisions. Even when relatively objective assessment data are used, subsequent decisions often are extremely subjective. This is not surprising, given that most decisions involve considerations that go well

Exhibit

Barriers to Learning, Parenting, and Teaching
(beyond medical/dental needs)

A. Deficiencies in basic living resources and opportunities for development

- dearth of food in the home
- inadequate clothing -substandard housing (incl. being homeless)
- lack of transportation
- income at or below the poverty level (e.g., due to unemployment or welfare status)
- immigrant-related concerns (e.g., limited English proficiency, legal status)

B. Observable problems

- school adjustment problems (incl. prevention of truancy, pregnancy, dropouts)
- relationship difficulties (incl. dysfunctional family situations, insensitivity to others)
- language difficulties -abuse by others (physical and sexual)
- substance abuse
- emotional upset -delinquency (incl. gang-related problems and community violence)
- psycho-social concerns stemming from sexual activity (e.g., prevention of and reactions to pregnancy or STD's) -psychopathology

C. General stressors and underlying psychological problems associated with them

- external stressors (objective and perceived) and deficits in support systems
- competence deficits (low self-efficacy/self-esteem, skill deficits)
- threats to self-determination/autonomy/control
- feeling unrelated to others or perceiving threats to valued relationships
- psychopathology

D. Crises and emergencies

- personal/familial (incl. home violence)
- subgroup (e.g., death of classmate or colleague)
- school-wide (e.g., earthquake, floods, shooting on campus)

E. Difficult transitions

- associated with stages of schooling (e.g., entry. leaving)
- associated with stages of life (e.g., puberty, job and career concerns)
- associated with changes in life circumstances (e.g., moving, death in the family)

beyond the availability of valid data. More often than not, complex social-political-economic value questions are involved. Indeed, in some cases seemingly relevant data are ignored in order to arrive at a decision that the decision makers see as viable and beneficial.

> *Assessment does not have to be restricted to persons; environments and person-environment transactions can be assessed as well. With learning problems, however, assessment continues to be viewed in terms of screening and diagnosis and is shaped primarily by the presumption that problems stem from and belong to targeted individuals.*
>
> *Assessment does not have to be restricted to problems; strengths and interests can also be identified and may be important in correcting problems. Prevailing practices, however, continue to de-emphasize assessment of such positive attributes.*

What should be clear is that assessment is a complex matter. Despite the importance of assessment, prevailing assessment procedures can have detrimental limitations and consequences:

- Assessment procedures do not have sufficient validity to warrant large-scale programs for early identification
- Assessment procedures are not capable of producing appropriate differential diagnoses and placements
- These procedures often lead to misprescription of remediation and deemphasis of the importance of a person's strengths and interests, and they narrow the focus of school curricula
- These procedures can inappropriately shape evaluation and eventually redefine and limit objectives.

Furthermore, overemphasis on assessment practices that focus on persons hinders development of procedures for assessing the role of the environment. As a result of the bias toward localizing problems within persons, interventions tend to be person-centered. Almost by presumption environmental variables are exonerated as causal factors and as focal point of intervention.

In spite of the deficiencies of prevailing practices, each day professionals are called upon to assess and make decisions about individuals. Unfortunately, for now they must do so using a relatively weak knowledge base.

The need for improved practices is evident. Fortunately, recent research has pointed to promising approaches that go beyond conventional procedures. There may be major concerns about the state of the art, but there can be no doubt that persons with problems can and must be helped.

Functions

As seen in the accompanying figure, the major purposes of assessment can be grouped into four categories of function. These four functions represent the types of decisions for which such assessment may be useful.

1. Identification. Data are used to help find and label phenomena of interest. The focus may be on a person, the environment, or both, and may or may not be on problems.

2. Selection. Data are used to help make decisions about general changes in status. These usually are discussed as placement decisions, but they also encompass decisions about changes in environments. Specifically, these are decisions about the general nature and form of needed intervention (for example, educational, psychological, or medically oriented treatments; placement in a special setting; changes in the organization of a classroom or school).

3. Planning for specific change. Data are used to decide about immediate and short-term objectives and procedures for accomplishing long-term goals. Examples are specific plans or prescriptions for any given day's intervention.

4. Evaluation of Intervention. Data are used to decide intervention effectiveness based on positive and negative outcomes. Decisions are made with respect to the impact on (a) particular persons or environments or both, (b) all experiencing a specific intervention, or (c) society as a whole.

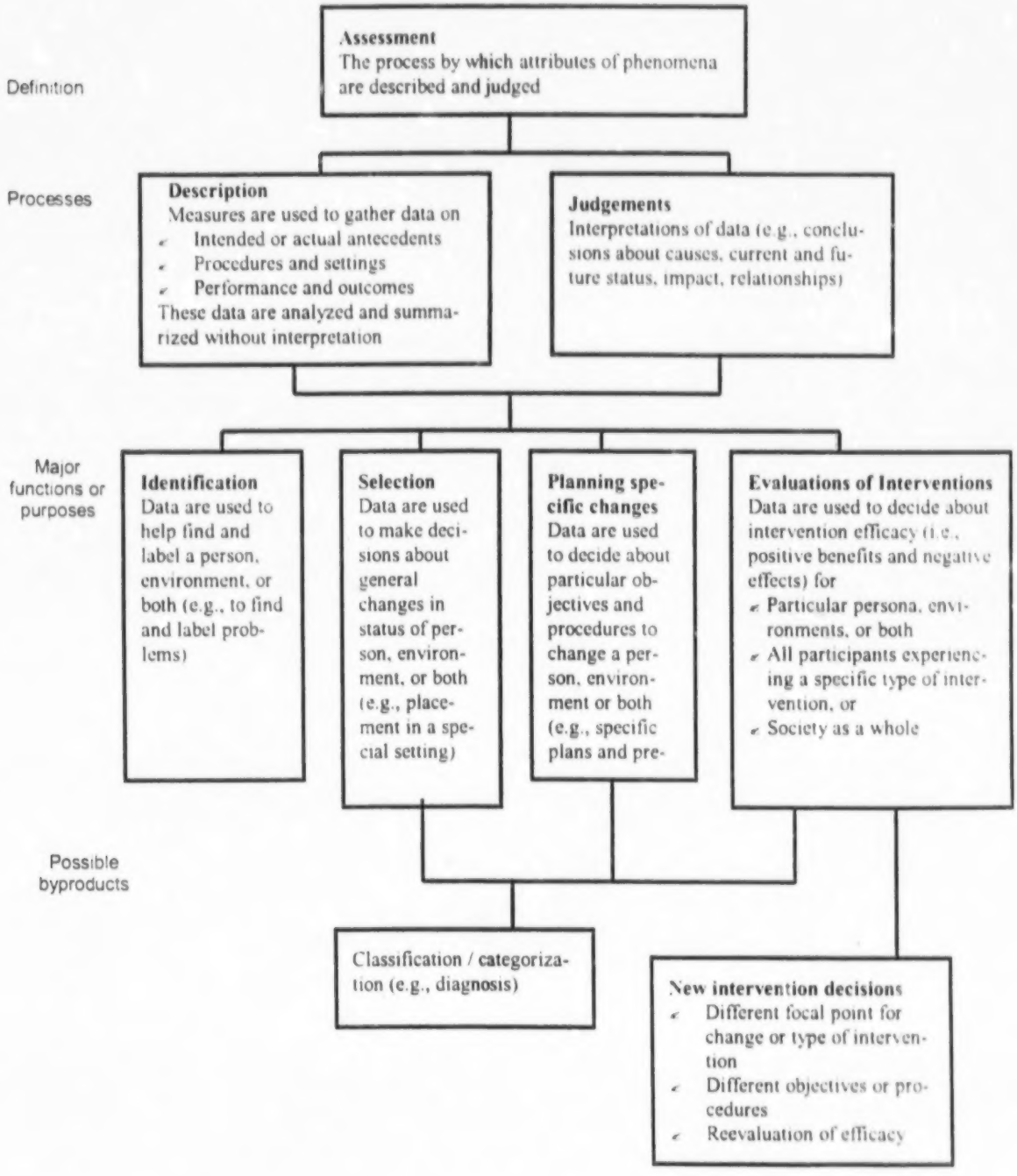
An example may help clarify the preceding points. Achievement tests are often used to assess reading performance in a given school. The number of right and wrong answers provides a description of performance on a given set of items at a given time. Based on these descriptive data, a variety of judgments are likely to be made. They will be based on available norms and prevailing standards.

Different judgments will be made about individuals with identical scores who differ in age. Different judgments may be made about groups living in economically advantaged and disadvantaged communities.

Decisions can be made about whether to assign diagnostic labels to individuals and programs judged as performing poorly. That is, an individual might be labeled as having a learning disability; a School could be labeled as failing to do its job.

Decisions can be made as to whether to help some individuals and schools, and if so, specific plans may be formulated. At a later date, achievement test data again can be used to evaluate performance.

Figure *Assessment Processes and Purposes*


Definition
Assessment
The process by which attributes of phenomena are described and judged
Processes
Description
Measures are used to gather data on
Intended or actual antecedents
Procedures and settings
Performance and outcomes
These data are analyzed and summarized without interpretation
Judgements
Interpretations of data (e.g., conclusions about causes, current and future status, impact, relationships)
Major functions or purposes
Identification
Data are used to help find and label a person, environment, or both (e.g., to find and label problems)
Selection
Data are used to make decisions about general changes in status of person, environment, or both (e.g., placement in a special setting)
Planning specific changes
Data are used to decide about particular objectives and procedures to change a person, environment or both (e.g., specific plans and pre-
Evaluations of Interventions
Data are used to decide about intervention efficacy (i.e., positive benefits and negative effects) for
Particular persona, environments, or both
All participants experiencing a specific type of intervention, or
Society as a whole
Possible byproducts
Classification / categorization (e.g., diagnosis)
New intervention decisions
Different focal point for change or type of intervention
Different objectives or procedures
Reevaluation of efficacy

Other Factors Shaping Assessment

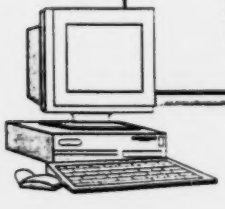
In addition to having four major purposes, activity related to assessment occurs in phases, and differs in terms of focus and types of procedures used. There are a variety of options in deciding what and how to assess.

For example, stimulus-and-response conditions may differ in terms of the number of variables assessed, their complexity, and whether they are simulated or natural. Variations also occur with respect to (a) how ambiguous and subjective the stimuli are, (b) how well standardized the administration procedures are, (c) how obtrusive the procedures are, and (d) how much they cause unintended reactions. There are also important considerations about similarities and differences between the assessor and the assessed (for example, in terms of race, cultural background, socioeconomic status, and gender).

Although such variations in practice influence both the form of assessment activity and the findings, there is little agreement and considerable concern about their impact.

New Directions

New opportunities are emerging as schools attempt to reduce fragmentation through various reform strategies. Assessments focused on individual students and on evaluating instructional effectiveness are being linked in thoughtful new ways. On the following pages are some excerpts from a digest published by the ERIC clearinghouse on Counseling and Student Services that illustrates these changes*.



For more information on this topic, check out our Quick Find on Assessment & Screening at http://smhp.psych.ucla.edu. From here you can obtain a downloadable copy of our introductory packet on Assessing to Address Barriers to Learning.

*Created by ERIC, the educational resources information center. For more information about ERIC, contact ACCESS ERIC 1800-LET-ERIC. Edward D. Roeber is Director of Student Assessment Programs, Council of Chief State School Officers in Washington, D.C. ERIC Digests are in the public domain and may be freely reproduced and disseminated. This publication was funded by the U.S. Department of Education, Office of Educational Research and Improvement, Contract No. RR93002004. Opinions expressed in this report do not necessarily reflect the positions of the U.S. Department of Education, OERI, or ERIC/CASS.

Excerpted from a Center Resource Aid Packet titled:

Screening /Assessing Students: Indicators and Tools

Screening: A Note of Caution

Formal screening to identify students who have problems or who are "at risk" is accomplished through individual or group procedures. Most such procedures are *first-level* screens and are expected to *over identify* problems. That is, they identify many students who do not really have significant problems (false positive errors). This certainly is the case for screens used with infants and primary grade children, but false positives are not uncommon when adolescents are screened. Errors are supposed to be detected by follow-up assessments.

Because of the frequency of false positive errors, serious concerns arise when screening data are used to diagnose students and prescribe remediation and special treatment. Screening data primarily are meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, there is a need to guard against tendencies to see *normal variations* in student's development and behavior as problems.

Screens do not allow for definitive statements about a student's problems and need. At best, most screening procedures provide a preliminary indication that something may be wrong. In considering formal diagnosis and prescriptions for how to correct the problem, one needs data from assessment procedures that have greater validity.

It is essential to remember that many factors found to be symptoms of problems also are common characteristics of young people, especially in adolescence. This means *extreme caution* must be exercised to avoid misidentifying and inappropriately stigmatizing a youngster. *Never* overestimate the significance of a few indicators.

II. Fact Sheets / Practice Notes

A. *The Nature and Scope of Assessment Activity*

B. *Being Alert to Indicators of Psychosocial and Mental Health Problems*

C. *Talking With Kids*

A Fact sheet on:

The Nature and Scope of Assessment Activity

I. What is the functions and purposes of assessment

A. **Identification**
   1. Screening and referral
   2. Diagnostic labeling
   3. Nonpathological attributes

B. **Selection/placement**
   1. Clarification of options
   2. Client decisions about general changes in status
   3. Professional and agency decisions to accept or reject applicants

C. **Specific planning for change**
   1. Detailed objectives
   2. Detailed procedures

D. Evaluation of Interventions
   1. Individual efficacy
   2. Efficacy for all participants
   3. Impact on society

II. What are the major phases related to assessment?

A. Preparatory decisions about what is to be assessed (implicit or explicit rationale for assessment activity)

B. Description ("measurements" of specified variables and serendipitous data gathering, followed by analyses and descriptive summaries)

C. Judgements (interpretations)

D. Communication and decision making with reference to assessment purposes

III. What is the focus of assessment?

A. **Focal point**
   1. Person(s) -individuals or groups of individuals
   2. Environment(s)
   3. Person-environment transactions

B. **Nature of phenomena**
   1. Problematic-nonproblematic conditions
   2. Observable-inferred
   3. Proximal-distal
   4. Historic-current-future expectations

C. **Levels**
   1. Molecular-molar analyses of persons
   2. Primary, Secondary, tertiary, contextual analysis
   3. Transaction of person-environment

D. **Areas or domains**
   1 Biological and psychological processes
   2. Motor and verbal functioning
   3. Physical environment
   4. Social environment
   5. Transaction of person-environment

IV. Types of procedures and instruments (standardized, semi-standardized, or unstandardized)

A. Interviews and written personal reports (responses to oral or written questions, inventories of items, etc.)

B. Observations

C. Verbal and performance measures (objective instruments such as achievement tests; projective instruments such as thematic pictures; instruments developed by teachers, psychologists, and MDs that have not been formally and technically standardized)

D. Biological tests (electrorecording devices, chemical analyses)

E. Available records and data (analyses of current or cumulated records related to person, environment, transactions; analyses of natural performances and products, such as portfolio assessment)

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Practice Note:

Being Alert to Indicators of Psychosocial and Mental Health Problems*

No one should be overzealous in seeing normal variations in student's development and behavior as problems. At the same time, school professionals don't want to ignore indicators of significant problems. The following are meant only to sensitize responsible professionals. They should not be seen as a check list. If a student is of significant concern, a request should be made to an appropriate person on the school staff who can do some further screening/assessment. **If they occur frequently and in a variety of situations and appear rather serious when you compare the behavior with other students the same age the following behaviors may be symptomatic of significant problems.**

Emotional appearance
(Emotions seem excessive. Displays little affect. Very rapid shifts in emotional state.)

very unhappy, sad, teary, depressed,
very afraid
(fearful indicates a sense of worthlessness)
can't seem to control emotions
hopelessness / helplessness
very anxious
shy doesn't seem to have feelings

Personal Actions
(Acts in ways that are troublesome or troubling)

very immature often doesn't seem to hear
frequent outbursts/temper tantrums, violent
hurts self, self-abusive
often angry
easily becomes overexcited
cruel to animals
truancy, school avoidance
sleep problems and/or nightmares
trouble learning and performing
wetting/soiling at school
eating problems
easily distracted
sets fires
impulsive
ritualistic behavior
steals
seizures
lies often
isolates self from others
cheats often
complains often about physical aches
destroys things
and pains accident prone
unaccounted for weight loss
unusual, strange, or immature
substance abuse
speech patterns
runs away

Interactions with others
(Doesn't seem interested in others. Can't interact appropriately or effectively with others.)

doesn't pay attention
refuses to talk
cruel and bullying
promiscuous,
highly manipulative
excessively reactive and resistant to authority
alienates others
highly aggressive to others -physically, sexually
has no friends

Indicators of Unusual Thinking
(Has difficulty concentrating. May express very strange thoughts and ideas.)

worries a lot
preoccupied with death
doesn't stay focused on matters
seems to hear or see things, delusional
can't seem to concentrate on much

**Additional indicators for problems (such as depression in young people) are available through a variety of resources -- see Resource aid packet on Resource Materials and Assistance - Downloadable at http://smhp.psych.ucla.edu*

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TALKING WITH KIDS

To help another, it is of great value and in many instances essential to know what the other is thinking and feeling. The most direct way to find this out is for the person to tell you. But, individuals probably won't tell you such things unless they think you will listen carefully. And the way to convince them of this is to listen carefully.

Of course, you won't always hear what you would like.

> Helper: *Well, Jose, how do you like school?*
> Jose: *Closed!*

In general, effective communication requires the ability to carry on a *productive dialogue*, that is, to talk with, not at, others. This begins with the ability to be an active (good) listener and to avoid prying and being judgmental. It also involves knowing when to share information and relate one's own experiences as appropriate and needed. The following are suggestions for engaging youngsters in productive dialogues.

I. Creating the Context for Dialogues

- Create a private space and a climate where the youngster can feel it is safe to talk.
- Clarify the value of keeping things confidential.
- Pursue dialogues when the time, location, and conditions are right.
- Utilize not just conferences and conversations, but interchanges when working together (e.g. exploring and sampling options for learning).

II. Establishing Credibility (as someone to whom it is worth talking)

- Respond with *empathy, warmth, and nurturance* (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation).
- Show *genuine regard and respect* (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control.
- Use active and undistracted listening.
- Keep in mind that you want the student to *feel* more competent, self-determining, and related to you (and others) as a result of the interchange.

III. Facilitating Talk

- Avoid interruptions.
- Start slowly, avoid asking questions, and minimize pressure to talk (the emphasis should be more on conversation and less on questioning).
- Encourage the youngster to take the lead.
- Humor can open a dialogue; sarcasm usually has the opposite effect.
- Listen with interest.
- Convey the sense that you are providing an opportunity by extending an invitation to talk and avoiding the impression of another demanding situation (meeting them "where they are at" in terms of motivation and capability is critical in helping them develop positive attitudes and skills for oral communication).
- Build on a base of natural, informal inter-changes throughout the day.
- When questions are asked, the emphasis should be on open-ended rather than Yes/No questions.
- Appropriate self-disclosure by another can disinhibit a reluctant youngster.
- Pairing a reluctant youngster with a supportive peer or small group can help.
- Train and use others (aides, volunteers, peers) to (1) enter into productive (nonconfidential) dialogues that help clarify the youngster's perceptions and then (2) share the information with you in the best interests of helping.
- For youngsters who can't seem to convey their thoughts and feelings in words, their behavior often says a lot about their views; based on your observations and with the idea of opening a dialogue, you can share your perceptions and ask if you are right.
- Sometimes a list of items (e.g. things that they like/don't like to do at school/after school) can help elicit views and open up a dialogue.
- When youngsters have learning, behavior, and emotional problems, find as many ways as feasible to have positive interchanges with them and make positive contacts outweigh the negatives.
- ***Remember:*** Short periods of silence are part of the process and should be accommodated.

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III. Tools / Handouts

A. *Request for Assistance in Addressing Concerns about a Student/Family - A First Level Screening Tool*

B. *Prereferral Intervention as Assessment*

C. *About Interviewing*

D. *Exploring the Problem with the Student/Family*

E. *Example of an Initial Counseling Interview*

F. *Crisis Screening Interview*

G. *Suicidal Assessment and Follow Through Steps*

Request for Assistance in Addressing Concerns about a Student/Family - - A First Level Screening Tool

Extensive assessment is not necessary in initially identifying a student about whom you are concerned. Use this form if a student is having a *significant* learning problem, a *major* behavior problem, or seems *extremely* disturbed or disabled.

Student's Name _____ Date:_____

To: _____ Title: _____

From: _____ Title: _____

Apparent problem (check all that apply):

___ physical health problem (specify) _____

___ difficulty in making a transition
( ) newcomer having trouble with school adjustment ( ) trouble adjusting to new program

___ social problems
( ) aggressive ( ) shy ( ) overactive ( ) other _____

___achievement problems
( ) poor grades ( ) poor skills ( ) low motivation ( ) other _____

___ major psychosocial or mental health concern

( ) drug/alcoh. abuse	( ) pregnancy prevention/support	( ) self esteem
( ) depression/suicide	( ) eating problems (anorexia, bulim.)	( ) relationship problems
( ) grief	( ) physical/sexual abuse	( ) anxiety/phobia
( ) dropout prevention	( ) neglect	( ) disabilities
( ) gang involvement	( ) reactions to chronic illness	

Other specific concerns

Current school functioning and desire for assistance

Overall academic performance
( ) above grade level ( ) at grade level ( ) slightly below grade level ( ) well below grade level

Absent from school
( ) less than once/month ( ) once/month ( ) 2-3 times/ month ( ) 4 or more times/month

Has the student/family asked for:

information about service	Y	N
an appointment to initiate help	Y	N
someone to contact them to offer help	Y	N

If you have information about the cause of a problem or other important factors related to the situation, briefly note the specifics here (use the back of the sheet if necessary).

Prereferral Intervention as Assessment

Prereferral is a screening and intervention process that involves identifying problems experienced by students in the regular classroom, identifying the source of the problems (student, teacher, curriculum, environment, etc.), and taking steps to resolve the problems within the regular classroom. These interventions are meant to improve response to the problem by the regular classroom teacher and are seen as a good way to reduce the number of students tested, diagnosed, and referred to special programs. Optimally, prereferral consultation can result in a student's staying in the regular classroom because the teacher has learned new ways to work with the problem. Minimally, such activity can add assessment data that lead to increased validity of diagnoses and referrals. The Resource Aid section of this Packet contains some guidelines for the Prereferral Process.

(1) Formulate an initial description of the problem.

(2) Get the youngster's view of what's wrong and, as feasible, explore the problem with the family.

As every teacher, the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be emotionally-based difficulties. What appears as a school problem may be the result of problems at home. The following are some things to consider in seeking more information about what may be causing a youngster's problem.

(a) Through enhanced personal contacts, build a positive working relationship with the youngster and family.

(b) Focus first on assets (e.g., positive attributes, outside interests, hobbies, what the youngster likes at school and in class.)

(c) Ask about what the youngster doesn't like at school.

(d) Explore the reasons for "dislikes" (e.g., Are assignments seen as too hard? As interesting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? Rejected? Alienated?

(e) Explore other possible casual factors.

(f) Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.)

(g) Discuss some new things that youngster and those in the home would be willing to try to make the situation better.

(3) Try new strategies in the classroom – based on the best information about what is causing the problem.

Prereferral Interventions Some Things to Try

- Make changes to (a) improve the match between a youngster's program and his/her interests and capabilities and (b) try to find ways for the student to have a special, positive status in the class, at the school, and in the community. Talk and work with other staff in developing ideas along these lines.
- Add resources for extra support (aide, volunteers, peer tutors) to help student's efforts to learn and perform. This includes having others cover your duties long enough for you to interact and relate with student as an individual.
- Discuss with student (and those in the home) why the problems are occurring
- Specifically focus on exploring matters with the youngster that will suggest ways to enhance positive motivation.
- Change aspects of the program (e.g., materials, environment) to provide a better match with his/her interests and skills.
- Provide enrichment options (in and out of class).
- Use resources such as volunteers, aides, peers to enhance the youngster's social support network
- Specifically focus on exploring ways those in the home can enhance their problem-solving efforts.
- If necessary, include other staff (e.g., counselor, principal) in a special discussion with the youngster exploring reasons for the problem and ways to enhance positive involvement at school and in class.

(4) If the new strategies don't work, talk to others at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching, participate with others in clusters and teams, observe how others teach in ways that effectively address differences in motivation and capability, request additional staff development on working with such youngsters).

(5) if necessary, use the *school's referral processes* to ask for additional support services.

(6) **Work with referral resources** to *coordinate your efforts* with theirs for classroom success.

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ABOUT INTERVIEWING

1. Use a space that will allow privacy and let others know not to interrupt.

>Clarify that you care by showing empathy, acceptance, and genuine regard.

>Indicate clear guidelines about confidentiality so the student feels safe in confiding but understands that if danger to self or others is discussed, others must be involved.

2. Start out on a positive note and always convey a sense of respect.

>Ask about things that are going well at school and outside of school

>Use language that invites sharing and is more conversational than questioning.

>If students are reluctant to talk you may need to start with nonverbal activity, such as drawing, or with semistructured surveys

3. Slowly transition to concerns

>Ask about concerns the student has about school, outside school with friends or in the neighborhood

>Explore what the student thinks may be causing the problem

>What has the student done to solve the problem

>What new things can you and the student think of that the student would be willing to try

4. As you follow the student's lead, listen activity and encourage information through open ended questions that allow for exploration rather than closure.

>This will lead to a broader ranger of concerns about school, home, relationships, self.

>With other students you may find it helpful to explore more sensitive topics such as involvement sub substance use, gangs, sexuality.

5. It is very important to have a plan on how to end the interview. This includes

>Clarifying it is time, not caring, that causes the need to stop at this point.

>Summarize what has been shared with a sense of accomplishing at new ways to understand the problems and new plans to try in solving them

>Plan the next step, such as the next appointment, a follow up time to check on progress, and open door if there is another need to talk, how to connect to others in the daily environment at school who may be of help.

Exploring the Problem with the Student/Family

(an overview of the types of information you might pursue in order to learn a bit more about a student's problem).

In general, you will want to explore

What's going well?

What's not going so well and how pervasive *and serious* are the problems?

What seems to be the causes of the problems?

What's already been tried to correct the problems?

What *should be* done to make things better?

(What does the student/family think should be done? Do the causes shed any light on what needs to be done? Does what's already been tried shed any light? What are the student/family willing to try? How much do they truly think that things can be made better?)

Obviously, in a brief session, only a limited amount of information can be gathered. Choices must be made based upon your understanding of the problem(s) identified and thepopulation you serve.

Specific areas and topics that might be explored in understanding the nature and scope of the problem(s) and examples of the many tools that are available to structure interviews are to be found in our Resource Aid Packet on *Screening/Assessing Students: Indicators and Tools*. This can be downloaded from our website at the following url: **http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf**

Remember, if you are going to do a formal interview with a student about psychosocial/mental health concerns, you usually will need both a signed informed consent from a parent or legal guardian. And, even if it is required, it is good practice to get the student's assent as well.*

* Your school may want to obtain a copy of the Resource Aid Packet on *Screening/Assessing Students: Indicators and Tools.*-- available from the Center for Mental Health in Schools at UCLA.

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Example of an Initial Counseling Interview

(for use with all but very young students)

Interviewer _____ Date_____

Note the identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

_____

Questions for student to answer:

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current Placement _____

Born in U.S.? Yes No If No, how long in U.S.?

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

(1) How would you describe your current situation? What problems are you experiencing? What are your main concerns?

(2) How serious are these matters for you at this time?

1	2	3	4
very serious	serious	Not too serious	Not at all serious

(3) How long have these been problems?

___ 0-3 months ___4 months to a year ____more than a year

(10) What do you think would help solve the problems?

(11) How much time and effort do you want to put into solving the problems?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	Quite a bit	Very much

If you answered 1, 2, or 3, why don't you want to put much time and effort into solving problems?

(12) What type of help do you want?

(13) What changes are you hoping for?

(14) How hopeful are you about solving the problems?

1	2	3	4
very hopeful	somewhat	not too	not at all hopeful

If you're not hopeful, why not?

(15) What else should we know so that we can help?

Are there any other matters you want to discuss?

A Crisis Screening Interview

Interviewer_____ Date_____

Note identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current Placement _____

Born in U.S.? Yes No If No, how long in U.S.?

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

In answering, please provide as much details as you can. At time, I will ask you to tell me a bit more about your thoughts and feelings.

1. Where were you when the event occurred?
   (Directly at the site? nearby? out of the area?)

2. What did you see or hear about what happened?

3. How are you feeling now?

4. How well do you know those who were hurt or killed?

5. Has anything like this happened to you or any of your family before?

6. How do you think this will affect you in the days to come?
(How will your life be different now?)

7. How do you think this will affect your family in the days to come?

8. What bothers you the most about what happened?

9. Do you think anyone could have done something to prevent it? Yes No
Who?

10. Thinking back on what happened,	not at all	a little	more than a little	very
how angry do you feel about it?	1	2	3	4
how sad do you feel about it?	1	2	3	4
how guilty do you feel about it?	1	2	3	4
how scared do you feel?	1	2	3	4

11. What changes have there been in your life or routine because of what happened?

12. What new problems have you experienced since the event?

13. What is your most pressing problem currently?

14. Do you think someone should be punished for what happened? Yes No
    Who?

15. Is this a matter of getting even or seeking revenge? Yes No
    Who should do the punishing?

16. What other information do you want regarding what happened?

17. Do you think it would help you to talk to someone about how you feel about what happened?
    Yes No Who? How soon?

    Is this something we should talk about now? Yes No What is it?

18. What do you usually do when you need help with a personal problem?

19. Which friends and who at home can you talk to about this?

20. What are you going to do when you leave school today?
    If you are uncertain, let's talk about what you should do?

SUICIDAL ASSESSMENT -- CHECKLIST*

Student's Name:_____ Date:_____ Interviewer: _____
(Suggested points to cover with student/parent)

(1) PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH

Does the individual have frequent suicidal thoughts? Y N

Have there been suicide attempts by the student or significant others in his or her life? Y N

Does the student have a detailed, feasible plan? Y N

Has s/he made special arrangements as giving away prized possessions? Y N

Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife? Y N

(2) REACTIONS TO PRECIPITATING EVENTS

Is the student experiencing severe psychological distress? Y N

Have there been major changes in recent behavior along with negative feelings and thoughts? Y N

(Such changes often are related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts often are expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.)

(3) PSYCHOSOCIAL SUPPORT

Is there a lack of a significant other to help the student survive? Y N

Does the student feel alienated? Y N

(4) HISTORY OF RISK-TAKING BEHAVIOR

Does the student take life-threatening risks or display poor impulse control? Y N

*Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and information about a critical, recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

FOLLOW-THROUGH STEPS
AFTER ASSESSING SUICIDAL RISK -- CHECKLIST

____(1) As part of the process of assessment, efforts will have been made to discuss the problem openly and nonjudgmentally with the student. (Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, while conveying empathy, warmth, and respect.) If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the better off one is in trying to engage the student in problem solving.

___(2) Explain to the student the importance of and your responsibility for breaking confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.

___(3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you set about informing others and arranging for help.

___(4) Try to contact parents by phone to

a) inform about concern
b) gather additional information to assess risk
c) provide information about problem and available resources
d) offer help in connecting with appropriate resources

Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps.

____(5) If a student is considered to be in danger, only release her/him to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:

*student's name/address/birthdate/social security number
*data indicating student is a danger to self (see Suicide Assessment -- Checklist)
*stage of parent notification
*language spoken by parent/student
*health coverage plan if there is one
*where student is to be found

____(6) For nonhigh risks, if phone contacts with parents are a problem, information gathering and sharing can be done by mail.

____(7) Follow-up with student and parents to determine what steps have been taken to minimize risk.

____(8) Document all steps taken and outcomes. Plan for aftermath intervention and support.

____(9) Report child endangerment if necessary.

IV. Additional Resources

- *Quick Find on Assessment & Screening*

This Center Response is from our website at http://smhp.psych.ucla.edu To access the online version, visit our website, click "Search & Quick Find" on the left and then scroll down in the list of "Center Responses" to *Assessment and Screening*

A Center Response:

The following reflects our most recent response for technical assistance related to ASSESSMENT & SCREENING. This list represents a sample of information to get you started and is not meant to be an exhaustive list.

(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one).

If you go online and access the Quick Find, you can simply click over to the various sites to access documents, agencies, etc. For your convenience here, the website addresses for various Quick Find entries are listed in a table at the end of this document in order of appearance, cross-referenced by the name of the resource.

Center Developed Resources and Tools

- Assessing to Address Barriers to Learning
- A Resource Aid Packet on Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs
- A Resource Aid Packet on Screening/Assessing Students: Indicators and Tools
- Responding to Crisis at a School

Relevant Publications on the Internet

- Assessing One and All: Educational Accountability for Students with Disabilities (Web Course)
- Child Behavior Checklist Web Site
- Detecting Suicide Risk in a Pediatric Emergency Department: Development of a Brief Screening Tool
- ERIC/AE Test Locator
- Identification of Elementary School Children at Risk for Disruptive Behavioral Disturbance: Validation of a Combined Screening Method
- Insight on the News: Should schools use behavioral screening to find 'at risk' children?
- Massachusetts Youth Screening Instrument for Mental Health Needs of Juvenile Justice Youth
- Using the Suicide Risk Screen to Identify Suicidal Adolescents Among Potential High School Dropouts

Selected Materials from Our Clearinghouse

- Adolescent Health Survey.
- Assessment for Children with Emotional or Behavioral Disorders and Their Families.
- Assessment of Students' Mental Health.
- Child Behavior Checklist for Ages 4-16.
- Early and Periodic Screening, Diagnosis and Treatment.
- Functional Behavioral Assessment For Students With Individualized Educational Programs .
- Intake and Assessment .

- Intake Interview Forms and Psycho-social Health Forms .
- Montana Youth Risk Behavior Survey .
- Outcome Measures: Evaluating the Outcome of Children's Mental Health Services: A Guide for the Use of Available Child and Family Outcome Measures.
- Problem Checklist-Adolescent Report .
- Resources for Measuring Educational Performance .
- Screening for Mental Health Problems in Children .
- Student Rating Scale .
- Talking Heads - Interviewing Adolescents .
- Teen Health Risk Survey .
- Use of Structured Assessment Tools in Clinical Practice .

Relevant Publications that Can Be Obtained From Your Local Library

- Improving screening for mental disorders in the primary care by combining the GHQ-12 and SCL-90-R subscales. By Schmitz N, Kruse J, & Tress W (2001). In: *Comprehensive Psychiatry*, 42(2): 166-73.
- A self-report scale to help make psychiatric diagnoses: the Psychiatric Diagnostic Screening Questionnaire. By Zimmerman M, & Mattia, JL (2001). In: *Archives of General Psychiatry*, 58(8) 787-94.
- Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. By Goodman R, Ford T, Simmons H, Gatward R, & Meltzer H (2000). In: *The British Journal of Psychiatry*, 177 (6): 534-539.
- Diagnostic errors of primary care screens for depression and panic disorder. By Leon AC, Portera L, Olfson M, Kathol R, Farber L, Lowell KN, & Sheenan DV (1999). In: *International Journal of Psychiatry in Medicine*, 29 (1): p. 1-11.
- The reliability and validity of a screening Questionnaire for 13 DSM-IV Axis I disorders (the Psychiatric Diagnostic Screening Questionnaire) in psychiatric outpatients. By Zimmerman M, & Mattia JL (1999). In: *Journal of Clinical Psychiatry*, 60(10): 677-683.
- Short Screeing Scale for DSM-IV Posttraumatic Stress Disorder. By Breslau N, Peterson EL, Kessler RC, & Schultz LR (1999). In: *The American Journal of Psychiatry*, 156(6): 908-11.
- False positives, false negatives, and the validity of the diagnosis of major depression in primary care. By Klinkman MS, Coyne JC, Gallo S, & Schwenk TL (1998). In: *Archives of Family Medicine*, 7(5): 451-61.
- False positive results: a challenge for psychiatric screening in primary care. By Leon AC, Portera L, Olfson M, Weissman MM, Kathol RG, Farber L, Sheenan DV, & Pleil AM (1997). In: *American Journal of Psychiatry*, 154(10): 1462-4.
- Reliability of the Conners Abbreviated Teacher Rating Scale Across Raters and Across Time. By Epstein, M., & Nieminen, G. School Psychology Review. 1983, Fall. 12(4): p.457-459
- Conners Teacher Questionnaire: Norms and validity. By Werry, J & Hwathorne, D. Australian & New Zealand Journal of Psychiatry. 1976, Sep. 10(3): p.257-262
- The Child Behavior Profile: Boys aged 12-16 and girls aged 6-11 and 12-16. By Achenback, T., & Edelbrock, C. Journal of Consulting & Clinical Psychology. 1979, Apr. 47 (2): p.223-233.

Related Agencies and Websites

- Agency for Health Care Policy and Research
- Assessment and Evaluation
- Assessment Resource Office
- Center for Effective Collaboration and Practice (CECP)/ American Institute for Research
- ERIC Clearinghouse for Counseling and Student Services (ERIC CASS)
- Evaluation Assistance Center East (EAC East)
- National Association of School Psychologists (NASP)
- National Center for Research on Evaluation, Standards, and Student Testing
- National Center on Educational Outcomes (NCEO)
- School Psychology Resources
- Screening for Mental Health, Inc.
- The Evaluation Center

We hope these resources met your needs. If not, feel free to contact us for further assistance. For additional resources related to this topic, use our search page to find people.

organizations, websites and documents. You may also go to our technical assistance page for more specific technical assistance requests.

If you haven't done so, you may want to contact our sister center, the Center for School Mental Health Assistance at the University of Maryland at Baltimore.

If our website has been helpful, we are pleased and encourage you to use our site or contact our Center in the future. At the same time, you can do your own technical assistance with "The fine Art of Fishing" which we have developed as an aid for do-it-yourself technical assistance.

This document contains the following shortcuts:

Shortcut Text	Internet Address
Assessing to Address Barriers to Learning	file:///G:/packets%20backup/quick%20training%20aids/intropak.htm#assessing
A Resource Aid Packet on Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs	file:///G:/packets%20backup/quick%20training%20aids/resource.htm#surveys
A Resource Aid Packet on Screening/Assessing Students: Indicators and Tools	file:///G:/packets%20backup/quick%20training%20aids/resource.htm#assessment
Responding to Crisis at a School	http://smhp.psych.ucla.edu/resource.htm#crisis
Assessing One and All: Educational Accountability for Students with Disabilities (Web Course)	http://www.cec.sped.org/pd/wc_assessing_course_info.html
Child Behavior Checklist Web Site	http://checklist.uvm.edu/
Detecting Suicide Risk in a Pediatric Emergency Department: Development of a Brief Screening Tool	http://www.findarticles.com/cf_0/m0950/5_107/74924843/print.jhtml
ERIC/AE Test Locator	http://ericae.net/testcol.htm
Identification of Elementary School Children at Risk for Disruptive Behavioral Disturbance: Validation of a Combined Screening Method	http://www.findarticles.com/cf_0/m2250/10_38/73001363/print.jhtml
Insight on the News: Should schools use behavioral screening to find 'at risk' children?	http://www.findarticles.com/cf_0/m1571/37_15/56182669/print.jhtml
Massachusetts Youth Screening Instrument for Mental Health Needs of Juvenile Justice Youth	http://www.findarticles.com/cf_0/m2250/5_40/75099672/print.jhtml
Using the Suicide Risk Screen to Identify Suicidal Adolescents Among Potential High School Dropouts	http://www.findarticles.com/cf_0/m2250/12_38/58531529/print.jhtml
Adolescent Health Survey.	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC34
Assessment for Children with Emotional or Behavioral Disorders and Their Families.	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC2
Assessment of Students' Mental Health.	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC4
Child Behavior Checklist for Ages 4-16.	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC27
Early and Periodic Screening, Diagnosis and Treatment.	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC28
Functional Behavioral Assessment For Students With Individualized Educational Programs .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC37
Intake and Assessment .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC5

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Intake Interview Forms and Psycho-social Health Forms .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC11
Montana Youth Risk Behavior Survey .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC23
Outcome Measures: Evaluating the Outcome of Children's Mental Health Services: A Guide for the Use of Available Child and Family Outcome Measures.	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=1405DOC9
Problem Checklist-Adolescent Report .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC8
Resources for Measuring Educational Performance .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC24
Screening for Mental Health Problems in Children .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC21
Student Rating Scale .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC35
Talking Heads - Interviewing Adolescents .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC12
Teen Health Risk Survey .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC6
Use of Structured Assessment Tools in Clinical Practice .	http://smhp.psych.ucla.edu/smhp.exe?ACTION=POPUP&ITEM=2301DOC25
Agency for Health Care Policy and Research	http://www.ahcpr.gov/
Assessment and Evaluation	http://www.ericae.net/
Assessment Resource Office	http://ericeece.org/
Center for Effective Collaboration and Practice (CECP)/ American Institute for Research	http://www.air-dc.org/cecp/cecp.html
ERIC Clearinghouse for Counseling and Student Services (ERIC CASS)	http://www.uncg.edu/
Evaluation Assistance Center East (EAC East)	http://ceee.gwu.edu/
National Association of School Psychologists (NASP)	http://www.naspweb.org/
National Center for Research on Evaluation, Standards, and Student Testing	http://cresst96.cse.ucla.edu/
National Center on Educational Outcomes (NCEO)	http://www.coled.umn.edu/nceo
School Psychology Resources	http://www.bcpl.lib.md.us/~sandyste/school_psych.html
Sreening for Mental Health, Inc.	http://www.mentalhealthscreening.org/
The Evaluation Center	http://www.wmich.edu/evalctr/
search	file:///G:/packets%20backup/quick%20training%20aids/search.htm
technical assistance page	http://smhp.psych.ucla.edu/techreq.htm
Center for School Mental Health Assistance	http://csmha.umaryland.edu/
"The fine Art of Fishing"	http://smhp.psych.ucla.edu/selfhelp.htm

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V. Originals for Overheads

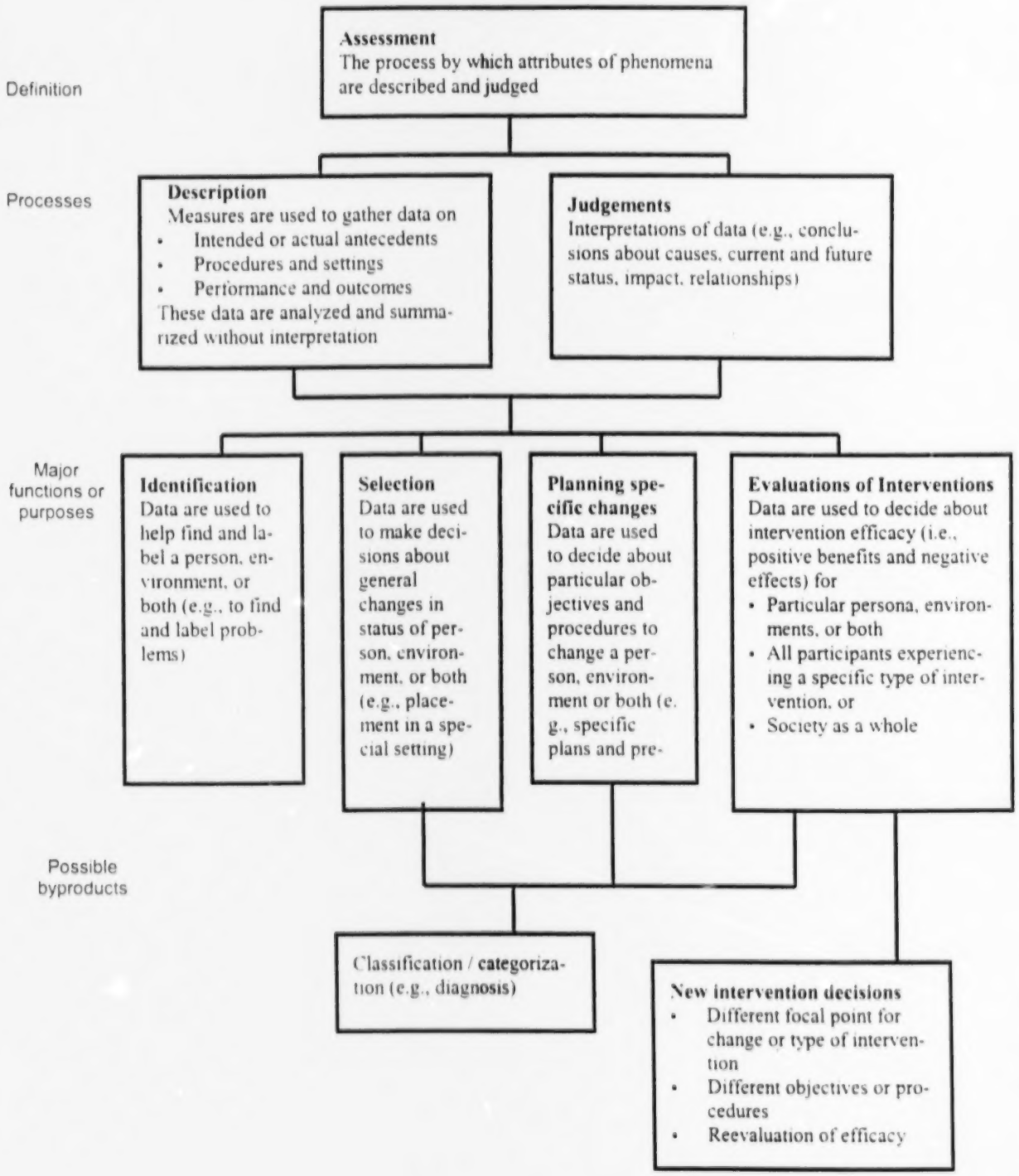
A. *Assessment Processes and Purposes*

B. *Prereferral Process as Assessment*

C. *Talking With Kids*

D. *About Interviewing*

Figure *Assessment Processes and Purposes*


Definition
Assessment
The process by which attributes of phenomena are described and judged
Processes
Description
Measures are used to gather data on
• Intended or actual antecedents
• Procedures and settings
• Performance and outcomes
These data are analyzed and summarized without interpretation
Judgements
Interpretations of data (e.g., conclusions about causes, current and future status, impact, relationships)
Major functions or purposes
Identification
Data are used to help find and label a person, environment, or both (e.g., to find and label problems)
Selection
Data are used to make decisions about general changes in status of person, environment, or both (e.g., placement in a special setting)
Planning specific changes
Data are used to decide about particular objectives and procedures to change a person, environment or both (e.g., specific plans and pre-
Evaluations of Interventions
Data are used to decide about intervention efficacy (i.e., positive benefits and negative effects) for
• Particular persona, environments, or both
• All participants experiencing a specific type of intervention, or
• Society as a whole
Possible byproducts
Classification / categorization (e.g., diagnosis)
New intervention decisions
• Different focal point for change or type of intervention
• Different objectives or procedures
• Reevaluation of efficacy

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The Prereferral Process as Assessment

When a student is seen as having problems, the following steps may be helpful.

Step 1: Based on your work with the student, *formulate a description* of the student's problem.

Step 2: Have *a discussion* to get the student's view. You may want to include the family.

Step 3: Try *new strategies* in the classroom based on your discussion.

Step 4: If the new strategies don't work, *talk to others* at school to learn about additional approaches they have found helpful.

Step 5: If necessary, use the *school's referral processes* to ask for additional support services.

Step 6: Work with referral resources to *coordinate your efforts* with theirs for classroom success.

TALKING WITH KIDS

- ***Creating the Context for Dialogues***

  Find the right time, location, and conditions

  Talking while working together on shared projects

- ***Establishing Credibility***

  To help the student feel more competent, self-determining, and related to you and others

  Show genuine regard and respect, empathy, undistracted and active listening

- ***Facilitating Talk***

  Start slowing, encourage students to take the lead

  Convey interest through open ended questions

  Make the experience a positive one for both of you

About Interviewing

Find a private space, avoid interruptions

>Show empathy, acceptance, and genuine regard
>Clarify confidentiality

Start positive

>What's going well
>Encourage expression through drawing, surveys, if needed

Slowly transition to concerns

>What problems need to be solved
>Student's perception of cause and possible solutions

Expand the focus by following the student's lead

>Listen for other concerns and how they might be addressed

Use the close of the interview to

>Summarize plans for new ways to solve problems
>Clarify how the student might continue to receive support

We hope you found this to be a useful resource.

There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards

Programs and Process Concerns

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics

Psychosocial Problems

- Drug/alcohol abuse
- Depression/suicide
- Grief
- Dropout prevention
- Gangs
- Pregnancy prevention/support
- Eating problems (anorexia, bulimia)
- Physical/Sexual Abuse
- Neglect
- Gender and sexuality
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Reactions to chronic illness
- School adjustment (including newcomer acculturation)
- Learning, attention & behavior problems